

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	THERAPEUTIC AGENT FOR PSORIASIS
Attorney Docket Number::	SHIMAOKA1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Shin
Middle Name::	

Family Name:: SHIMAOKA
 Name Suffix::
 City of Residence:: Gotenba-shi
 State or Province of Residence:: Shizuoka
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha of
 135, Komakado 1-chome
 City of Mailing Address:: Gotenba-shi
 State or Province of Mailing Address:: Shizuoka
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 412-8513
Correspondence Information
 Correspondence Customer Number:: 001444
Representative Information
 Representative Customer Number:: 001444
Domestic Priority Information
 Application:: Continuity Type:: Parent Parent Filing
 Application:: Date::
 This Application National Stage of PCT/JP03/009814 08-01-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	224297/2002	08-01-02	Yes

Assignment Information

Assignee Name:: Chugai Seiyaku Kabushiki Kaisha
 Street of Mailing Address:: 5-1, Ukima 5-chome
 City of Mailing Address:: Kita-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 115-8543